

NOTICE OF INDEPENDENT REVIEW DECISION

August 5, 2002

RE: MDR Tracking #: M2-02-0640-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she injured her right knee while sanding and lifting merchandise. The patient underwent a right knee arthroscopic surgery, partial medial meniscectomy on 10/23/01. She then underwent post-surgical outpatient rehabilitation as well as a Synvisc injection on 02/28/02. The patient currently complains of right knee tenderness and pain.

Requested Service(s)

Work hardening program 5 times per week for 6 weeks.

Decision

It is determined that the work hardening program is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had a light duty job per the treating chiropractor; however, no work capacity level from her employer was noted. The patient already had 5 months of post-operative treatment and underwent physical therapy, aquatic therapy and biofeedback. The doctor's report dated 03/01/02 indicated that the patient had to be able to exert 20 lbs. of force occasionally and 10 lbs. of force frequently. NIOSH isometric testing revealed strength in excess of job requirements.

In addition, the physician noted that the patient still had severe right knee pain. The work hardening program is not medically necessary as the patient already has sufficient lifting strength; and in view of the severe knee pain, she is not a candidate for the program in that the likelihood of successful completion of the program with appropriate benefits is negligible.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

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If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,